

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-031432

Registration District No. 042 Primary Registration District No. 512-6 Registrar's No. 1064 STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 5110

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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED SEP 9 1963

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wallace		c. CITY OR TOWN St. Joseph, Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) 116 HOSPITAL OR INSTITUTION Crawford Twsp. Highway		d. STREET ADDRESS (If outside, give location) 308 E Colo. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last George W Ritchie		4. DATE OF DEATH Month Day Year August 31, 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH June 9, 1911
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Armour & Co	11. BIRTHPLACE (City and state or country) Buchanan Co, Mo
13a. FATHER'S NAME William E Ritchie		13b. MOTHER'S MAIDEN NAME Nancy Chestnut	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) WWII		17. INFORMANT Address Mrs. Harold Roach, DeKalb, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Traumatic shock intra Cerebral hemorrhage DUE TO (b) Basilar skull fracture - Crushed skull DUE TO (c) 2 Car collision with Ritchie car proceeding east (body 63 sedan) Ford sedan going west collided		INTERVAL BETWEEN ONSET AND DEATH at once at once at once	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in Part I. Basilar skull fracture - Crushed skull 360 feet east of highway 116 near Wallace Mo		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) Basilar skull fracture - Crushed skull Due to impact	
20c. TIME OF INJURY Hour 3 p.m. Month, Day, Year Aug 31-63	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) near Wallace Mo		20f. CITY, TOWN, OR LOCATION COUNTY STATE Buchanan Co Mo	
21. I attended the deceased from 8/31/63 and last saw him alive on Aug 31-63 Death occurred at 5 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J.E. Meloney M.D. Coronar		22b. ADDRESS 214 N. Patrick St. St. Joseph, Mo	
22c. DATE SIGNED 9/3/63		22d. DATE SIGNED 9/3/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/3/63	23c. NAME OF CEMETERY OR CREMATORY Sparta Cemetery	23d. LOCATION (City, town, or county) (State) St. Joseph, Mo
24. FUNERAL DIRECTOR John C. Cripp		25. DATE RECD. BY LOCAL REG. Sept 6, 1963	26. REGISTRAR'S SIGNATURE Mrs. Clark Handell

(Licensed Embalmer's Statement on Reverse Side)

SEP 10 1963

Permit issued 9/2/63
2110
2111
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211
8-12

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

as by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed John E. Rupp
Signature of Student Embalmer

Licensed Embalmer No. 3986

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.